## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## DOCUMENT # L03000000530

1. Entity Name

ALL AMERICAN CHRISTIAN COUNSELING CENTER, LLC



## **FILED** Aug 09, 2004 8:00 am Secretary of State

08-09-2004 90147 010 \*\*\*\*55.00

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Principal Place of Business		Mailing Address									
201 BARRY COURT LONGWOOD FL 32779		201 BARRY COURT LONGWOOD FL 32779									
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2. Principal P	Place of Business SAME	3. Mailing Address SAME									
Suite, Apt. #, etc.		Suite, Apt. #, etc.			MOORE	CR2E0	83 (4/04)				
City & State		City & State		4. FEI Number 11-264	3611	<u> </u>	plied For t Applicable				
Zip	Country	Zip	Countr	у	5. Certificate of Status Desire		\$5.00 Add	litional			
6. Name and Address of Current Registered Agent			┺		7. Name and Address of New	w Registered		<u> </u>			
				Name DEMRO & DEMRO, CPA'S PA							
685 682	DGES XGEORGE SOUNT CH-427, SUINEXIX	X		Street Address (P.O. Box Number is Not Acceptable)							
¥.ØN	NGWOOD RIX 32750-5462X		T	1404 EAST ROBINSON STREET							
					LANDO	FL	Zip Code 3.2.8.0	1			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both in the State of Florida. Fam familiar with, and the obligations of registered agent.								and accept			
SIGNATURE Phillo Demro Owner/Pies.				_Kn	m (al)		-03-04				
Signalule, typod/pr printed name of registered agent and title if applicable (NOTE: Registered Agent signalure required when reflectating)  DATE  FILE NOW!!! FEE IS \$50.00											
Make Check Payable to Florida Department of State  Due By September 8, 2004											
9.	. MANAGING MEME	The state of the s	10.			NS/CHANGES					
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• • • • • • • • • • • • • • • • • • •	certify that the information supplied wi	na mas mino ques not quality f	or the exem	ioron stated ič	r section + returcation, Florida Statut	es i juriner ce	ouv mat the ic	normanoa l			

indicated on this report is frue and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: 2	Jaconia	D Co	ita	
	TYPED OR PRINTED NAME OF S		MEMBER, MANAGER, OR	AUTHORIZED REPRESENTATIVE